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CONFIRMATION NO. 5129

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/807,941	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> CWO-002.02
<b>APPLICANTS</b> Yoram Rudy, Shaker Heights, OH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/463,427 03/29/2000 PAT 6,839,588 * which is a 371 of PCT/US98/15712 07/29/1998 which claims benefit of 60/054,342 07/31/1997 (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 37	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 26294				
<b>TITLE</b> Electrophysiological cardiac mapping system based on a non-contact non-expandable miniature multi-electrode catheter and method therefor				
<b>FILING FEE RECEIVED</b> 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	